

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
<div style="border: 2px solid black; border-radius: 50%; padding: 10px; display: inline-block;"> OLP DEC 01 2005 PATENT </div> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">FOR FY 2005</h3>		Application Number	10/796,442
		Filing Date	March 9, 2004
		First Named Inventor	Swihart
		Examiner Name	Asok K. Sarkar
		Art Unit	2891
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	19226/2282 (R-5782)
AMOUNT OF PAYMENT (\$) (\$60)			

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☐ Deposit Account Deposit Account Number: 14-1138 Deposit Account Name: Nixon Peabody LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims 36 - 36 or HP = 0 x 25 = 0 **Fee Paid (\$)**

Multiple Dependent Claims
0 **Fee (\$)** **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20

Indep. Claims 6 - 6 or HP = 0 x 100 = 0 **Fee Paid (\$)**

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).


Total Sheets - 100 = / 50 = (round up to a whole number) x = **Fee Paid (\$)**

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Fee for One-Month Extension of Time 60

SUBMITTED BY

Signature		Registration No. 30,727 (Attorney/Agent)	Telephone (585) 263-1304
Name (Print/Type)	Michael L. Goldman		Date November 28, 2005

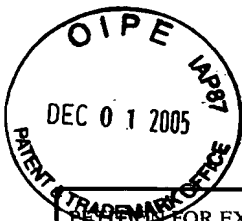
CERTIFICATE OF MAILING OR TRANSMISSION [35 CFR 1.8(a)]

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on November 28, 2005.

Signature: Ruth R. Smith

Name: Ruth R. Smith

SEND TO: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450



REQUEST FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number 19226/2282 (R-5782)
In re Application of Swihart et al.		
Application Number 10/796,442		Filed March 9, 2004
For PROCESS FOR PREPARING LUMINESCENT SILICON NANOPARTICLES		
Group Art Unit 2891		Examiner Asok K. Sarkar

CERTIFICATE OF MAILING
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on November 28, 2005.

Signature: Ruth R. Smith

Name: Ruth R. Smith

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate entity fee are as follows (check time period desired):

- ☒ One month (37 CFR 1.17(a)(1)) - (\$60/\$120) \$ 60
- ☐ Two months (37 CFR 1.17(a)(2)) - (\$225/\$450) \$ _____
- ☐ Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020) \$ _____
- ☐ Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590) \$ _____
- ☐ Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160) \$ _____

- ☒ Applicant claims small entity status.
- ☒ A check to cover the fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account Number 14-1138.
I have enclosed a duplicate copy of this sheet.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the ☐ applicant/inventor

☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record.

☐ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a) _____

Michael L. Goldman

Signature

November 28, 2005

Date

Michael L. Goldman

Typed or printed name

(585) 263-1304

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

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60.00 OP

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